

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

GENERATOR COPY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		6. US EPA ID Number	A. State Manifest Document Number		
Douglas Aircraft 190th & Normandie Torrance, CA 90502		CAD086510005	84924323		
4. Generator's Phone (213) 533-6677		7. US EPA ID Number	B. State Generator's ID		
5. Transporter 1 Company Name		8. US EPA ID Number	C. State Transporter's ID		
011 Process Co.		CAD050806850	63676		
7. Transporter 2 Company Name		9. US EPA ID Number	D. Transporter's Phone		
			213 585-5063		
9. Designated Facility Name and Site Address		10. US EPA ID Number	E. State Transporter's ID		
CASMALIA P.O. Box E NTU Road Casmalia, CA 93429		CAD020748125	F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Waste Sodium Hydroxide Liquid Corrosive UN1824		001	TT	04500	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
Sodium Hydroxide 8% 6% P.H. 1.2		07			
Sodium Aluminate 6% 4%					
Sulfur 6% 4%					
Water 80% 86%					
15. Special Handling Instructions and Additional Information					
Guide #60 ZEMPRO 5089 Use gloves, goggles, respirator - May cause severe burns to skin & eyes					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name		Signature		Date	
Donald C. Gerber		sb		03/24/86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
ROBERT LATTIMORE		Robert Lattimore		03/24/86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
SCANNED					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date	
CASMALIA Resources		Alice Griest (Alice) Griest		03/24/86	

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		Douglas Aircraft 190th & Normandie Torrance, CA 90502		A.State Manifest Document Number 84924323		
4. Generator's Phone (213 538-6677)				B.State Generator's ID		
5. Transporter 1 Company Name Oll Process Co.		6. US EPA ID Number C A D 0 5 0 8 0 6 8 5 0		C.State Transporter's ID 63676 ✓		
7. Transporter 2 Company Name		8. US EPA ID Number		D.Transporter's Phone 213 585-5063		
9. Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, CA 93429		10. US EPA ID Number C A D 0 2 0 7 4 8 1 2 5		E.State Transporter's ID		
				F.Transporter's Phone		
				G.State Facility's ID		
				H.Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Sodium Hydroxide Liquid Corrosive UN1824		001	TT	04500	G	121
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K.Handling Codes for Wastes Listed Above				
Sodium Hydroxide 8% 6% P.H. 1.2						
Sodium Aluminate 6% 4%						
Sulfur 6% 4%						
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Printed/Typed Name		Signature		Date		
Donald C. Gerber		sb		Month Day Year 03 24 86		
17. Transporter 1 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
Robert LATTIMORE		Robert Lattimore		. . .		
18. Transporter 2 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
				. . .		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Date		
				Month Day Year . . .		